

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/710,611</td> </tr> <tr> <td>Filing Date</td> <td>November 8, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Janet M. Wasowicz</td> </tr> <tr> <td>Title</td> <td>Reading And Spelling Skill Diagnosis And Training System And, etc.</td> </tr> <tr> <td>Art Unit</td> <td>3714</td> </tr> <tr> <td>Examiner Name</td> <td>J. Sotomayor</td> </tr> <tr> <td>Attorney Docket No.</td> <td>02905-511US</td> </tr> </table>	Application Number	09/710,611	Filing Date	November 8, 2000	First Named Inventor	Janet M. Wasowicz	Title	Reading And Spelling Skill Diagnosis And Training System And, etc.	Art Unit	3714	Examiner Name	J. Sotomayor	Attorney Docket No.	02905-511US
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;">30623</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature		Date													
Name		Telephone													
Title and Company		EVP & General Counsel for Houghton Mifflin Harcourt Publishing Company													
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.															